SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 126
Registered No. 300

1. PLACE OF BIRTH

County _Gila_

State _Arizona_

District or Township _____ or Village _____

City _Miami_ No _Warrior Canon_ St, _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Isiah Martinez_
{If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _yes_

7. Date of birth _July 6 - 1928_
Month / Day / Year

8. FATHER

Full name _Cornelio Martinez_

9. Residence (Usual place of abode) _Miami_
If non-resident, give place and state. _Arizona_

10. Color or race _Mex._

11. Age at last birthday _24_ (Years)

12. Birthplace (city or place) _Jalisco_
(State or country) _Mex._

13. Occupation
Nature of industry _Miner_

14. MOTHER

Full maiden name _Natalia Blanco_

15. Residence (Usual place of abode) _Miami_
If non-resident, give place and state. _Arizona_

16. Color or race _Mex._

17. Age at last birthday _20_ (Years)

18. Birthplace (city or place) _Jalisco_
(State or country) _Mex._

19. Occupation
Nature of industry _Housewife_

20. Number of children of this mother _3_
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living _3_
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum. _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _born alive_ at _6-30_ P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _Cyril M. Crow M.D._
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address _Miami Arizona_

Filed _July 12_, 19_28_

Registrar. _R. E. _____ Registrar.

249.706-526